

(Name, Address and Phone Number)

[ ] Petitioner [ ] Respondent Pro Se

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

	)	FC-___ No. _____
	)	
	)	ACKNOWLEDGMENT OF
Petitioner(s),	)	MATERNITY AND PATERNITY
	)	
vs.	)	
	)	
	)	
	)	
Respondent(s).	)	
_____	)	

ACKNOWLEDGMENT OF MATERNITY AND PATERNITY

STATE OF HAWAII	)	
	)	SS.
COUNTY OF MAUI	)	

The undersigned Affiant, being duly sworn on oath, deposes and says:

1. That she is a [ ] Petitioner [ ] Respondent in the above entitled case:
2. That she is the mother of the subject child whose name, date of birth, place of birth and sex are as follows:

Name of Child:

Sex:

Date of Birth:

Place of Birth:

3. That [ ] Petitioner [ ] Respondent \_\_\_\_\_ is  
 the natural father of said child.

DATE: \_\_\_\_\_, Hawai'i \_\_\_\_\_  
 (date)

\_\_\_\_\_  
 Respondent Pro Se

STATE OF HAWAII )  
 ) SS.  
 COUNTY OF MAUI )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me personally  
 appeared \_\_\_\_\_, to me known to be the person described in and who  
 executed the foregoing instrument and acknowledged that she executed the same as her free act  
 and deed.

\_\_\_\_\_  
 Notary Public, Second Judicial Circuit  
 State of Hawaii

My Commission Expires: \_\_\_\_\_

**Americans with Disabilities Act Notice**



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.